

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON; STATE OF  
ARIZONA; STATE OF ILLINOIS; and  
STATE OF OREGON,

Plaintiffs,

v.

DONALD TRUMP, in his official capacity  
as President of the United States; U.S.  
DEPARTMENT OF HOMELAND  
SECURITY; BENJAMINE HUFFMAN, in  
his official capacity as Acting Secretary of  
Homeland Security; U.S. SOCIAL  
SECURITY ADMINISTRATION;  
MICHELLE KING, in her official capacity  
as Acting Commissioner of the Social  
Security Administration; U.S.  
DEPARTMENT OF STATE; MARCO  
RUBIO, in his official capacity as Secretary  
of State; U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES;  
DOROTHY FINK, in her official capacity  
as Acting Secretary of Health and Human  
Services; U.S. DEPARTMENT OF  
JUSTICE; JAMES MCHENRY, in his  
official capacity as Acting Attorney  
General; U.S. DEPARTMENT OF  
AGRICULTURE; GARY WASHINGTON,  
in his official capacity as Acting Secretary  
of Agriculture; and the UNITED STATES  
OF AMERICA,

Defendants.

NO. 2:25-cv-00127

DECLARATION OF  
BRIAN REED

1 I, Brian Reed, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make  
3 this declaration based on my personal knowledge.

4 2. I am the Service Line Administrator of Women's and Children's Services for UW  
5 Medicine. In this role, I oversee strategy, planning, and operations for the provision of women's  
6 and children's services across the UW Medicine hospitals and clinics in the greater Seattle area.  
7 My Responsibilities include overseeing daily operations, engaging in strategic planning, and  
8 ensuring financial stewardship of the programs. I hold a bachelor's degree in Recreation Therapy  
9 from Eastern Washington University and a master's degree in Health Administration from the  
10 University of Washington. I have accumulated over 10 years of experience in Women's health  
11 and possesses 15 years of experience in the healthcare industry.

12 3. UW Medicine operates UW Medical Center, at its Montlake and Northwest  
13 campuses, along with Harborview Medical Center, the only Level 1 Trauma Center in  
14 Washington, Alaska, Montana, and Idaho. All three of these facilities care for pregnant mothers  
15 and newborns. In 2024, UW Medicine helped deliver 4307 babies and served 890 newborns in  
16 its neonatal intensive care units (NICU). Doctors employed and trained by UW Medicine also  
17 work at Seattle Children's Hospital to provide pediatric care.

18 4. I understand that the President of the United States has issued an Executive Order  
19 directing that individuals born in the United States to two unauthorized non-citizen parents are  
20 not to be deemed United States citizens. The federal government's policy of ending birthright  
21 citizenship for children born in the United States based on their parent(s)' non-  
22 citizen/immigration status will have a variety of impacts on UW Medicine, including an increase  
23 in the operational and administrative costs for UW Medicine's hospital sites.

24 5. When families do not have insurance coverage for their children born or treated  
25 at UW Medicine facilities, UW Medicine tries to work with the family to assess whether the  
26 child is eligible for publicly funded forms of health insurance, including federally funded

1 Medicaid and Children's Health Insurance Program (CHIP), and state-funded programs,  
 2 including the Children's Health Plan (CHP). The UW admissions team meets with new patients  
 3 to review their insurance benefits. If the patient has no insurance coverage, then the admissions  
 4 team contacts UW Medicine's financial counselors. Those financial counselors work with the  
 5 patients to complete an intake appointment, where the counselors will screen patients for  
 6 insurance options. And if it appears that the child is eligible for a form of public health insurance  
 7 coverage, UW Medicine's staff assists the family with submitting applications for this coverage.

8         6. The current UW Medicine process for screening newborns for health insurance  
 9 coverage relies on the fact that babies born in a Washington hospital site are citizens and are  
 10 eligible for federally funded Medicaid and CHIP. Because UW Medicine can no longer rely on  
 11 newborns being citizens, it will have to build a new pathway in its eligibility screening process  
 12 to assist the parents of non-citizen newborns in applying for the appropriate public benefits  
 13 programs. This will also require UW Medicine to revise internal and patient facing materials to  
 14 account for the loss of birthright citizenship. This work will involve significant staff time and  
 15 other administrative resources.

16         7. The disruption to UW Medicine's process for screening newborns for public  
 17 insurance coverage will most significantly impact the services UW Medicine provides to  
 18 newborns in the neonatal intensive care unit (NICU). Children in the NICU require around-the-  
 19 clock care, and many of them are brought to the NICU immediately or shortly after being born  
 20 in one of UW's hospital sites. Over 95% of admissions to UW Medicine NICUs are from the  
 21 UWMC High-Risk Perinatal Program, one of the highest risk obstetric services in the nation. In  
 22 addition, UW Medicine has special expertise in managing the most fragile growth-restricted and  
 23 premature fetuses and newborns. The change in eligibility for coverage for newborns, and  
 24 changes in assisting patients in navigating and applying for public coverage, will add additional  
 25 burdens on UW Medicine staff who are focused on providing top notch care to newborns.  
 26

1 I declare under penalty of perjury under the laws of the State of Washington and the  
2 United States of America that the foregoing is true and correct.

3 DATED and SIGNED this 20th day of January 2025 at Seattle, Washington.

4 *Brian R Reed*  
5 BRIAN REED  
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